

PATENT
450117-02529

2637

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

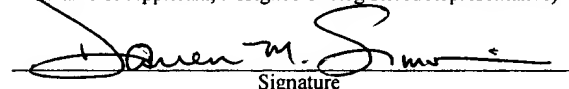
Applicant(s) : Gerd SPALINK
Serial No. : 09/591,995
For : **CHANNEL DECODER FOR A DIGITAL BROADCAST RECEIVER**
Filed : June 12, 2000
Examiner : T. Ghebretinsae
Art Unit : 2637

745 Fifth Avenue
New York, NY 10151
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 7, 2005

Darren M. Simon, Reg. No. 47,946

(Name of Applicant, Assignee or Registered Representative)



Signature

October 7, 2005

Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-final Office Action which issued July 12, 2005, please consider the following amendment to the above-referenced application.

10/12/2005 MBELETE1 00000046 09591995

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Applicant(s) : Gerd SPALINK
Serial No. : 09/591,995
For : CHANNEL DECODER FOR A DIGITAL BROADCAST RECEIVER
Filed : June 12, 2000
Examiner : GHEBRETINSAE, Temesghen
Art Unit : 2637

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	5	Minus	20 =	0 ×	\$50(25)	= \$0
Independent claims	4	Minus	3 =	1 ×	\$200(100)	= \$200.00
			Total additional fee for this amendment			= \$200.00

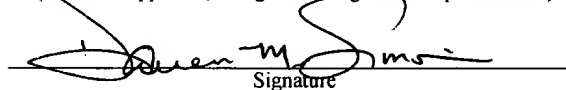
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a - month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$ 200.00 is attached, which covers the cost of ☒ additional claim and ☐ - month petition for extension of time.
- ☐ Charge \$ _ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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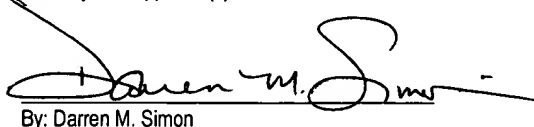
(Name of Applicant, Assignee or Registered Representative)


Signature

October 7, 2005

Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)


By: Darren M. Simon
Reg. No. 47,946
Tel. (212) 588-0800